

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	12263-15	
		First Named Inventor	Roman J. Hamerski	
		COMPLETE IF KNOWN		
		Application Number		
		Filing Date		
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) Required)	Group Art Unit	
			Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint invention (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**APPARATUS AND METHOD FOR FABRICATING A HIGH REVERSE VOLTAGE
SEMICONDUCTOR DEVICE**

(Title of the Invention)

the specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application (numbers)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are list on a supplemental priority data sheet PTO/SB/02B attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION -- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplement priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Registered practitioner(s) name/registration number listed below

Name	Registration No.	Name	Registration No.
Samuel Digirolamo	29,915	Susan M. Myers	40,743
Rebecca J. Brandau	33,654	Kyle L. Elliott	39,485
Mitchell L. Crain	37,299	Sarah Pfeifer Vaz	34,747

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Correspondence address below

Name	Kyle L. Elliott				
Address	Blackwell Sanders Peper Martin LLP				
Address	2300 Main Street				
City	Kansas City	State	MO	ZIP	64108
Country	USA	Telephone	(816) 983-8351	Fax	(816) 983-9351

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

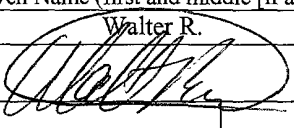
Name of first Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])				Family Name or Surname			
Roman J.				Hamerski			
Inventor's Signature	<i>Roman J. Hamerski</i>					Date	8/01/2001
Residence: City	Olathe	State	KS	Country	USA	Citizenship	USA
Post Office Address:	15427 W. 149 th Terrace						
City:	Olathe	State	KS	Zip	66062	Country	USA

☒ Additional inventors are being named on the attached supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Invention, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Walter R.				Buchanan			
Inventor's Signature						Date	8/01/2009
Residence: City	Olathe	State	KS	Country	USA	Citizenship	USA
Post Office Address:	27770 W. 119 th Street						
Post Office Address:							
City:	Olathe	State	KS	Zip	66061	Country	USA
Name of Additional Joint Invention, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address:							
Post Office Address:							
City:		State		Zip		Country	
Name of Additional Joint Invention, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address:							
Post Office Address:							
City:		State		Zip		Country	